

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER: 110-000167833 ILD081813588

II. FACILITY NAME: Mobil Chemical Company

III. FACILITY MAILING ADDRESS: P.O. Box 550, Joliet, IL 60434  
PLEASE PLACE LABEL IN THIS SPACE

IV. FACILITY LOCATION: I-55 and Arsenal Road, Joliet, IL 60434

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY: MOBIL CHEMICAL CO. PETROCHEMICALS DIV

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
NEMANI N ENVIRONMENTAL ENG	815 423 5541

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
PO BOX 550	JOLIET	IL	60434



VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
I 55 & ARSENAL ROAD	WILL	JOLIET	IL	60434	

NOV 20 1980

# 8.2.1 Manufacture of Styrenics Plastic

C. THIRD

D. FOURTH

(specify)

(specify)

## II. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

MOBIL CHEMICAL CO DIV OF MOBIL OIL CORP

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL  
S = STATE  
P = PRIVATE

M = PUBLIC (other than federal or state)  
O = OTHER (specify)

P (specify)

8 1 5 4 2 3 5 5 4 1

E. STREET OR P.O. BOX

0 BOX 550

F. CITY OR TOWN

G. STATE

H. ZIP CODE

I. INDIAN LAND

JOLIET

IL

60434

Is the facility located on Indian lands?

☐ YES ☒ NO

## EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

IL 0001619

9 P

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

U

9

80040073

(specify) Illinois EPA Construction Permit

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

R

9

(specify) See attached.

## I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## II. NATURE OF BUSINESS (provide a brief description)

Manufacture of styrene based plastics including ABS, SAN, OPS, Crystal Polystyrene, and Impact Polystyrene.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

J. E. CRAWFORD, VICE PRES.  
& GEN. MGR., PETROCHEMICALS DIVISION

J E Crawford

11/13/80

COMMENTS FOR OFFICIAL USE ONLY

Other Illinois EPA permits: (AIR)

- 1) 02100318
- 2) 02100319
- 3) 02100320
- 4) 02100321
- 5) 02100322
- 6) 021000323
- 7) 06100074
- 8) 06100075
- 9) 09050028
- 10) 09090016
- 11) C904027

1LD0898/3588

CONTINUE ON REVER

EPA Form 3510-3 (6-80)

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

11D089913588

EPA I.D. NO. (enter from page 1)

I	D	0	0	0	1	6	7	8	9	3	T/A	C

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 1 2 5 1 0

8 8 1 1 5 0

**VIII. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

J. E. CRAWFORD, VICE PRES.  
& GEN. MGR., PETROCHEMICALS DIV.

*J. E. Crawford*

11/13/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

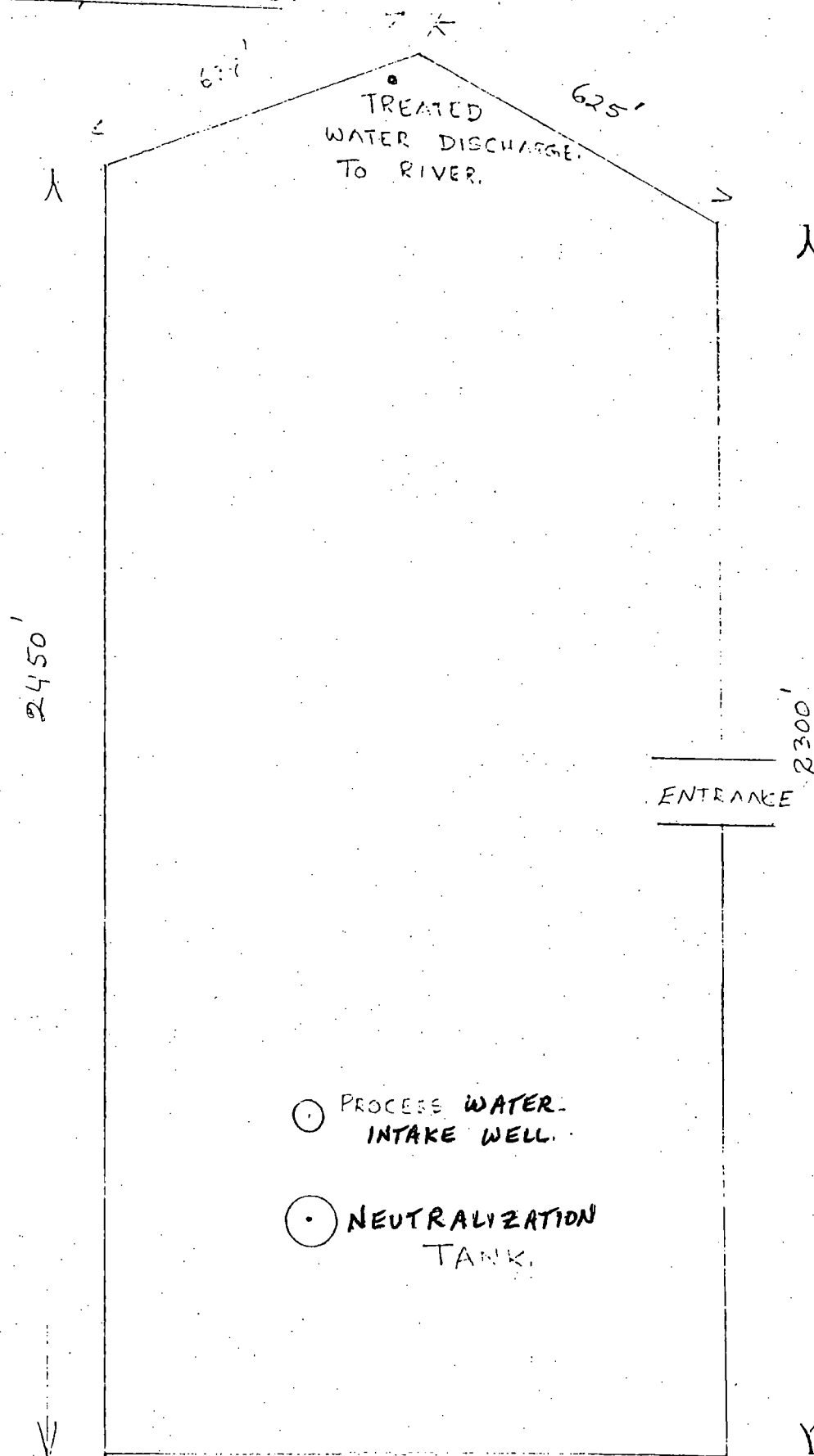
B. SIGNATURE

C. DATE SIGNED

MOBIL CHEMICAL COMPANY (STYRENICS PLANT)

JOLIET, ILLINOIS.

NORTH



ADDENDUM TO ITEM XI - FORM 1

Source: U. S. Dept. of Interior, Geological Survey Map  
Channahon Quadrangle, Illinois

Legal boundaries of the facility:

Latitude:	40 degrees, 25 minutes, 10 seconds
Longitude:	88 degrees, 11 minutes, 50 seconds
Scale of Map:	1:24,000

Quarter Section:

Section:	21
Township:	Channahon
Range:	9
P.M.:	East of third.

Key to the topographic map: (See item V - Form 3 for details).

- (1) Intake of water for process use only. Drinking water for plant is purchased from Hinckley and Schmidt Bottling Company.
- (2) Discharge of treated water from waste treatment plant to Des Plaines River.
- (H) Treatment facility.
- (DW) Drinking water well.

Surface water body in area: Des Plaines River

Drinking water wells within 1/4 mile of the facility that we know of:

Approximately 1/4 mile from the plant's northwest boundry limits is a single family dwelling with a drinking water well.



